



APPLICATION FOR
LICENCE TO PROVIDE TECHNICAL SERVICES
Pursuant to the Betting, Gaming and Lotteries Act (Section 43C)

New Renewal

Application No. _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:-

- | | |
|--|--|
| 1. Certified copy of Company's Certificate of Incorporation | 4. In-House/Audited Financial Statements |
| 2. Proof of Ownership of property/Property Rental or Lease Agreement | 5. Valid TCC for the Company and its Director(s) |
| 3. Valid Government issued ID for the Principal Director(s) of the Company | 6. Certified copy of Annual Return |

N.B: All Directors are subject to a fit and proper background check. Applicable form and associated fee to be submitted:

- (a) Personal Declaration Form III (Local); or
 (b) Multijurisdictional Form (individual who: lived outside of Jamaica for a period of more than six months, resides outside of this jurisdiction or have any financial interests outside of this jurisdiction)

SECTION A – COMPANY’S GENERAL INFORMATION			
1. NAME OF COMPANY:		2. COMPANY NUMBER:	
3. REGISTERED OFFICE ADDRESS: (Street No, Name and Parish)			
4. MAILING ADDRESS (If different from Registered Office Address):			
5. COMPANY TEL. NO.:	6. FAX:	7. E-MAIL ADDRESS:	
8. TAXPAYER'S REGISTRATION NO.: (TRN)	9. NAME OF CONTACT PERSON	10. TEL NO. FOR CONTACT PERSON:	
SECTION B – BUSINESS INFORMATION			
11. NAME OF FACILITY WHERE MACHINES ARE MANUFACTURED/ASSEMBLED/REPAIRED:			
12. ADDRESS OF FACILITY:(Street No, Name and Parish)		13. BUSINESS TELEPHONE NUMBER:	
14. INDICATE THE TECHNICAL SERVICE(S) THAT THE COMPANY WILL BE PROVIDING:			
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Selling <input type="checkbox"/> Configuring <input type="checkbox"/> Developing <input type="checkbox"/> Supplying <input type="checkbox"/> Repairing <input type="checkbox"/> Testing <input type="checkbox"/> Installing <input type="checkbox"/> Providing Consulting Services <input type="checkbox"/> Other, please state: _____			
15. INDICATE THE COMPANY'S FINANCIAL YEAR(eg. Jan - Dec:) From _____ to _____			
SECTION C - COMPANY DIRECTORS:			
NAME	ADDRESS	OCCUPATION	CONTACT #
COMPANY SECRETARY:			

Authorized Signature (Director)

Date: dd/mm/yyyy

Authorized Signature(Company Secretary)

Date: dd/mm/yyyy

Affix Company Seal here

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FOR COMMISSION USE ONLY		
<input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL		
PAYMENT INFORMATION:		
Receipt No.	Receipt Date	Amount (\$)

RECOMMENDATION AND APPROVAL	
Recommended by: Senior Licensing & Registration Officer Name: _____ Signature: _____ Date: _____	Approved by: Director of Licensing & Registration Name: _____ Signature: _____ Date: _____

Betting, Gaming & Lotteries Commission Technical Service Provider Schedule

Please complete this schedule by listing all employees of the named company who will be engaged in the provision of technical services.

Name of Company: _____

Date: _____

No.	Last Name	Middle Name	First Name	TRN	Telephone Num ber	Title
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						